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Trey Grayson, Secretary of State

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## COMMONWEALTH OF KENTUCKY TREY GRAYSON, SECRETARY OF STATE

Division of Corporations Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed Name (Domestic or Foreign Business Entity)					ASN
Pursuant to the provisions of KF following statement:	RS 365, the und	lersigned appli	es to assume	a name and, fo	or that purpos	se, submits the
1. The assumed name is:						
MILLARD ADVISORY G	ROUP					
2. The name of the business en name:  OAK HILL FINANCIA  Name must be identical to the name	AL GROUP, I	NC.		, the partners) t	hat is/are add	opting the assumed
3. The "real name" is (you must o		•	,			
a Domestic General Partnership			a Foreign General Partnership			
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership			
a Domestic Limited Partnership			a Foreign Limited Partnership			
a Domestic Business Trust			a Foreign Business Trust			
a Domestic Corporation			a Foreign Corporation			
a Domestic Limited Liab	a Foreign Limited Liability Company					
4. The business is organized ar	nd existing in th	e state or cour	ntry of KENT	UCKY		
5. This application will be effect or the delayed effective cannot be	ive upon filing, be prior to the d	unless a delay ate the applica	red effective of the filed.	date and/or time The date and/or	time is	yed effective date
6. The mailing address is:						and/or time)
408 FAIRFIELD AVENUE	BELLEVUE	KY 4107	3-1012			
Street Address or Post Office Box Nu	mbers	City		State	Zip	
I declare under penalty of perjug	under the law		that the forgo	ing is true and o	correct.	
Authorized Party Signature	Printed	Name	T	tle	Date	